PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

Fees Paid (\$)

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) **Application Number** 10/702.546 FEE TRANSMITTAL Filing Date November 7, 2003 For FY 2005 First Named Inventor YUICHI MAKINO ET AL. **Examiner Name** David H. Bollinger Applicant claims small entity status. See 37 C.F.R. 1.27 Art Unit 3653 TOTAL AMOUNT OF PAYMENT Attorney Docket No. 01306.000072.1 (\$) 0.00METHOD OF PAYMENT (check all that apply) Credit Card Money Order Other (please identify): Check None X 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Credit any overpayments X fee(s) under 37 C.F.R. 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity **Small Entity Small Entity Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee(\$) Fee(\$) Fee(\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 200 300 160 80 Plant 100 150 Reissue 300 150 500 250 600 300 2. EXCESS CLAIM FEES **Small Entity**

Fee Description Each claim over 20 or, for Each independent claim Multiple dependent claim	over 3 or, for Reissue		•		Fee(\$) 50 1 200 360	Fee(\$) 25 100 180		
Total Claims	Extra Claims Fe	ee (\$) <u>F</u>	ee Paid (\$)	Multiple Dependent C	<u>laims</u>	·		
4 - 20 or HP HP = highest number o	= 0 x of total claims paid for,		0 n 20	<u>Fee(\$)</u>	Fee Paid (\$)		
Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	0	0	-		
$\frac{1}{HP}$ = highest number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Sheets	Number of ea	ach additional 50 or fract	tion thereof Fee	<u>(\$)</u> <u>F</u>	ee Paid (\$)		
100 =	/ 50 =		(round up to a	whole number) x	= _			

4. OTHER FEE(S)

Other:

Non-English Specification,

SUBMITTED BY	16.		
Signature	-1WW	Registration No. (Attorney/Agent) 30,110	Telephone 202-530-1010
Name (Print/Type)	Lawrence A. Stahl		Date: May 18, 2005

\$130 fee (no small entity discount)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: David H. Bollinger
YUICHI MAKINO, ET AL.)	_
	:	Group Art Unit: 3653
Application No.: 10/702,546)	•
	:	Confirmation No.: 8246
Filed: November 7, 2003)	
	:	
For: SHEET CONVEYING APPARATUS)	May 18, 2005
AND ORIGINAL DOCUMENT	:	
PROCESSING APPARATUS)	
(AS AMENDED)	:	

Mail Stop Amendment COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In response to the Office Action mailed March 3, 2005, Applicants submit the following amendments and remarks.